## Case 1:04-cv-10415 WGY Document 1 Filed 03/01/2004 Page 1 of 9 DISTRICT OF MASSACHU ITS

| DISTRICT OF MASSACHU                                                                                             | ETTS                                  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| JOSE M. V. RODRIGUES                                                                                             |                                       |  |  |  |
| # A 76 130 140                                                                                                   |                                       |  |  |  |
| PETITIONER                                                                                                       | 2.17                                  |  |  |  |
|                                                                                                                  |                                       |  |  |  |
| <b>V</b> S                                                                                                       | TO THAT UP HASS                       |  |  |  |
| JOSEPH F MCDONOUGH                                                                                               | , , 51, 100                           |  |  |  |
| - Sheriff of Plymouth County                                                                                     |                                       |  |  |  |
| Department of Homeland Security                                                                                  |                                       |  |  |  |
| 'RESPONDENT                                                                                                      | seferred to my RBColling              |  |  |  |
|                                                                                                                  | I writ of habeas Corpus               |  |  |  |
| under 28 U.S.C. 22                                                                                               | 41                                    |  |  |  |
|                                                                                                                  |                                       |  |  |  |
| - I am presently confined at the                                                                                 | e Plymouth County Correctional        |  |  |  |
| facility!                                                                                                        | , , , , , , , , , , , , , , , , , , , |  |  |  |
| - The basis of my petition is about continued detention by The Department of Homeland, Security.                 |                                       |  |  |  |
| - The D. H.S. does not have authority to detain me indefe-                                                       |                                       |  |  |  |
| nitely, This my detention is unlawful.                                                                           |                                       |  |  |  |
| - This is because my removal can not be completed in                                                             |                                       |  |  |  |
| The near future. Zadvydas v. I                                                                                   |                                       |  |  |  |
| (1) Basically, I was order deporte                                                                               | d on April 2003, I have given         |  |  |  |
| The I.N.S. D.H.S. all my papers                                                                                  | from the 1st time I got               |  |  |  |
| arrested into I.N.S. office in                                                                                   | Providence RI, last June 23           |  |  |  |
| 2003. On July 182003 Iwent to the                                                                                | Court were my 2nd hearing             |  |  |  |
| and the Judge ordered me o                                                                                       |                                       |  |  |  |
| final order. Seven months lo                                                                                     |                                       |  |  |  |
| from D.H.S. stating my detent                                                                                    |                                       |  |  |  |
| I had being communicating with                                                                                   |                                       |  |  |  |
| removal, and my families (wife and cousins) called many times and went to my consulate all in vain. My detention |                                       |  |  |  |
| is in violation of my rights.                                                                                    | te our tri receive del consort        |  |  |  |
| (1) I exausted to sending letter                                                                                 | z to I.N.S. and requesting            |  |  |  |
| for my release and Uthus y                                                                                       | ny last option is this judicial       |  |  |  |
| action. In also I belive that                                                                                    | my detention is unlawful              |  |  |  |
| according to 8 C.F.R. 2441.                                                                                      | /                                     |  |  |  |
| (1) I am not flight Risk, I a                                                                                    |                                       |  |  |  |
| safety and Community, I did not have any disciplinary                                                            |                                       |  |  |  |
| problems in jail. I do have o                                                                                    | a quardian and support,               |  |  |  |
| e s. o) . c.                                                                                                     | , ,                                   |  |  |  |



# U.S. Department of Homeland Security Bureau of Immigration and Customs Enforcement Detention & Removal Operations

JFK Federal Building Government Center Boston, Massachusetts 02203

RODRIGUES, JOSE A76130140 C/O PLYMOUTH COUNTY HofC

8 January, 2004

On December 21, 2000, regulations were promulgated governing aliens whose removal from the United States is not immediately possible. These regulations are codified in Chapter 8 Code of Federal Regulations, Section 241.4 and supercede the interim procedures that governed these cases prior to that date.

The responsibility for conducting all future reviews in your case will be maintained by the Bureau of Immigration and Customs Enforcement Headquarters Post-order Detention Unit (HQPDU). All inquiries regarding your present custodial status should be directed to the local Bureau office having jurisdiction over your present place of confinement and, in duplicate, to the following address:

Headquarters Post-order Detention Unit 801 I Street, NW- Suite 800 Washington, DC 20536

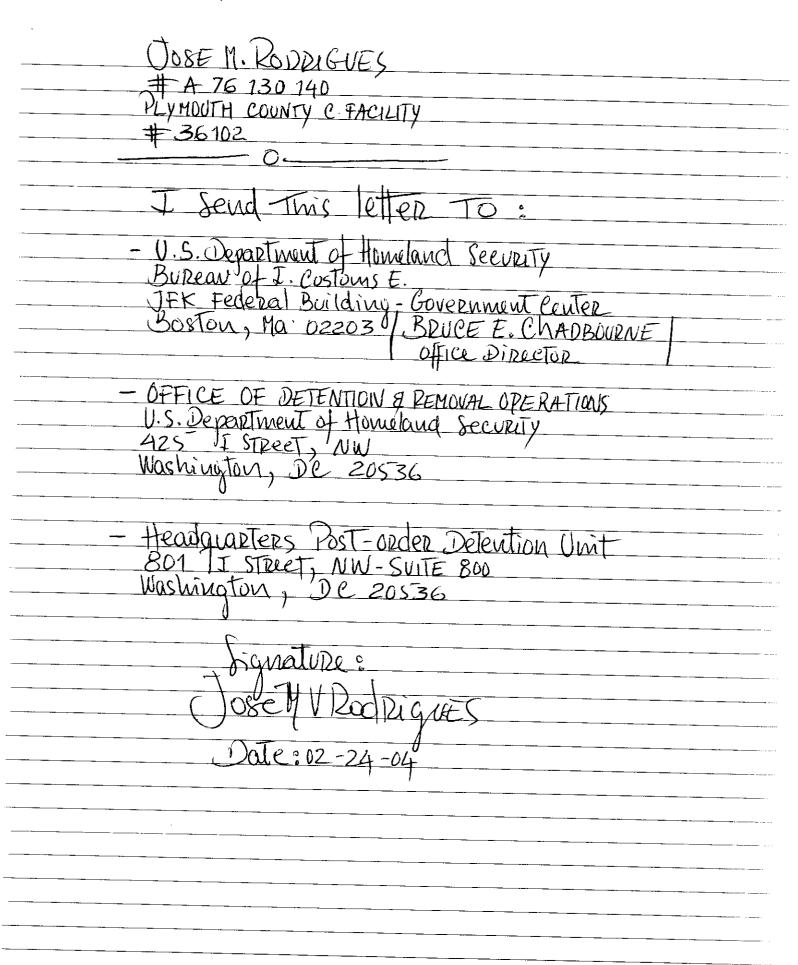
The HQPDU will, at the earliest convenience, provide you with written notification regarding the specifics of your next review. It is in your best interest to maintain proper behavior while awaiting this action.

Sincerely,

Bruce E Chadbourne

Interim Field Office Director

Boston, MA



Case 050#-110#15 MEYES Document 1 Filed 03/01/2004 Page 4 of 9 #A 76 .30 140 PLYMOUTH COUNTY C. FACILITY #36102 UNITED STATES DISTRICT COURT OFFICE OF THE CLERK 1 COURTHOUSE WAY, SUITE 2300 Boston, Ma 02210 On December 18 1999, I entered i United States with a Fiancé visa. My Fiancée and I we mappied on January 8 2000. Months latter ske diforced me. I moved from East Providence to Pawtucket RI, and worked in Norwood Ma. U.S.A. TODAY (PAPERS) During the time I was living in Pawtucket, I met G. RodPiques U.S. Ocitizen and one child. D'iordma G. Rodrigues 11 months old and we all was living together, at that time I was working in MOVERS COMPANY and another partime jobus mechanic June 23 2003, my wife and I went the I.N.S. office in downtown Providence PI to work on my papers, Ill was arrested afeter I gave my passaport and others papers to them and the I.N.S. officer told me that because I'miss was in Bolistol county Sheriffe worth 18 2003 I went to the The Judge ordered me deported that time I could Lawver did not do much for to Plymouth Columty-Plymouth Ma. months latter I received D. H. S (Department Homeland Security) and I.C.E. customs Enforcement) to continued my detention I have being communicating with office of Detention and and my families (wife and cousins) have being to my consulate allin vain. you to please give me a chance to wife and need on my help for my concern to D.H collaborate by any condition placed I will abide bg any time

GIORIA G. RODRIGUES

UNITED STATES DISTRICT COURT OFFICE OF THE CLERK
1 COURTHOUSE WAY, SUITE 2300
BOSTON, Ma 02210

LEITER SUPPORT - DATE: Feb. 24-04

My name is Gloria G. Rodrigues. I live at 130-A Fillmore Street Providence RI. I am the wife of Jose M.V.Rodrigues. I am a citizen of the United States of America. I met Jose three years ago and have been happily married for a year and half. I love and miss my husband terribly.

Jose has always worked to be a good provider, husband and father. We have one child together. Our sons' name is D'joroma G. Rodrigues and he is now 11 months old. Jose has been incarcerated for 7 months in the Plymouth County correctional facility by the INS (Immigration and Naturalization Service.) My husband's detention has had an emotional and financial effect on all of us.

In July 2003, Jose and I went to the Immigration office in Providence, RI in an attempt to file the necessary paperwork to seek permission for Jose to become a citizen. The INS Officers detained Jose on the spot. I believe that our delay in applying may have been the cause of Jose's detainment. That was not our intent. Shortly after we were married we found out that we were expecting a child. Unfortunately I became very sick during the pregnancy and never really recovered until after I delivered our son. Also, We were newly married and just wanted to settle in and make sure that our marriage would last. That is why we took so long to apply. This marriage was not one of convenience. It is a true marriage. I love my husband with all my heart and he loves me with all of his heart, too.

We have four children that we are raising together. Jay who is 12, and Dean who is 10, are my sons from my previous relationship. Amanda who is 12, is my niece whom I have raised since she was three years old, and D'joroma, our son together. My husband has not seen D'joroma or the other children since D'joroma was three (3) months old.

Although Jose is not the biological father of Jay, Dean and Amanda, he has stepped up to the plate and has been a wonderful father to all of them. D'joroma and I are not the only people affected by Jose's detainment, the other children have been truly affected as well. They have built a wonderful relationship with Jose, and Jose's absence has been very difficult on them, too.

Our baby has recently been diagnosed with Asthma. He has been suffering all winter. I have been trying to hold my home together and do everything I can while I stand by my husband. It has been a tremendous struggle for our family. I have been working two jobs and raising our four (4) children all by myself. Jose has been a wonderful father and role model to all of the children. My husband is a strong man, a wonderful husband and father and a positive role model. Jose is not a criminal. He does not deserve to be in prison.

Mr. Curtis please take our case into consideration. I say our case because my husband's incarceration has truly been a prison sentence for me, him and all four of our children, Jay, Dean, Amanda and most of all, our 11 month old, D'joroma. You decision doesn't affect m just Jose it affects all of us. We need Jose home. Jose needs to be home. Please help us bring Jose home were he belongs.

Sincerely,

Gloria G. Rodrigues







### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DV MS PG 234

|                                            | BK 068 PG 234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| SEE REVERSE<br>for<br>METRUCTIONS          | 2002-161 LOCAL FILE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RHODE ISLAND DEPARTMENT OF HEALTH                                                                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ". GROOM"                                  | GROOM-FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LICENSE AND CERTIFICATE OF MARRI                                                                         | AOE                  | FILE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                            | 1. Jose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Maria                                                                                                    | LAST                 | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                            | MALING ADDRESS OF RESIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET OR RED AND MEMBER CATY OF                                                                         | Roc                  | rigues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                            | 2a 31 Bagley St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Paytucket, RI 02960                                                                                      | CODE CITY OR TOWN O  | PESIDENCE AND BIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                            | BRITHPLACE (Slow or Foreign Country) Cape Verde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF BIATH storm, day, man                                                                            | 29.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b> </b>                                   | FATH H FIRET NAME. LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4. 10/23/1959                                                                                            | a dr Nad Na¶d        | GE LAST BIRTHDAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                            | Nascimento Rodrigues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BHITHPLACE HAND OF PROPERTY MOTHER—FIRST NAME OF CAPE Verde Dulce                                        | MAIDEN NAME          | BIFTHIPLACE 19860 or Parsign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| BRIDE                                      | BRIDE-FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MODE                                                                                                     | Vieira               | " Cape Verd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                            | Gloria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lynn Graham                                                                                              | MAIDEN NAME IF DIFF  | ERENT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                            | MALING ADDRESS OF HESIDENCE 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | REEL OF RED AND NUMBER CITY OR TOWN CHEE                                                                 | 70.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                            | 130A Fillmore St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Providence, RI 02908                                                                                     | (II sharon born 6a)  | PESIDENCE AND STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                            | Providence, RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE OF BUILTH IMOUNT BOY MAN                                                                            | 1 30                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| , F                                        | ATHER-FIRST NAME LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 100. 8/10/1967                                                                                           | 1                    | E LAST BIRTHDAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                            | Romaie Graham                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BRITHPLACE (State of Farings) MOTHER—FIRST NAME  MOSTORIES  MOSTORIES                                    | MAIDEN NAME          | BIRTHPLACE ISlam or Fortuge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| · · · · [                                  | WE USOST ASSAULT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100.                                                                                                     | Pope                 | None and a second secon |
|                                            | AND BELIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y THAT THE INFORMATION PROVIDED IS CORRECT TO THE 8<br>F AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF | EST OF OUR KNOWLEDGE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                            | PROCEST SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | THE CANS OF                                                                                              | MHODE ISLAND         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15                                         | SUANCE DATE PARTICIPATION DATE (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | airold Laur                                                                                              | 21.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                            | 6/19/2002 EXPIRATION DATE (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ) I WANTE                                                                                                | (5) sopo             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| is                                         | sved According to Minoria Minoria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15c. VALID ONLY IN                                                                                       | state of             | en e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 15                                         | of the City of Town of Providence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PEGISTRAR IS AING LIGH                                                                                   |                      | PHODE ISLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| OFFICIANT .                                | named persons were CITY OF SOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N OF MARIBANE INC.                                                                                       | or u).               | TOPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                            | a married in Physics Island at Page Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MAISHAGE MONTH                                                                                           | LAY YILAH TYP        | L CII CII III MORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HTH CLERK OF OUT OF STATE OF STATE OF TOWN | HICHAND - MINATURE OF PERSON PERFORMING TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OVIDENCE 166 July 13                                                                                     | , 2002               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                            | HOMINATION OR HAVE OF COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Joseph T. L                                                                                              | I + + 1 -            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AUDIRESS OF DEFICIANT                                                                                    | 20.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                            | Lincoln Probate Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 14. 225 Waterman Avenue, E                                                                               | ast Providenc        | e. Pt 02014-2524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GHATURES ,                                 | farmens -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPED OF PRINTED NAME                                                                                    | OF WITNESS           | C1 NI 02314-3524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| W                                          | HESS-HONATURE OF WITHE PO CEREMONY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in trince                                                                                                | and i Per            | ОЗС — — — —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 16                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TYPED OIL HIN ED NAME                                                                                    | OF WITNESS           | <del>* *</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LO                                         | CAL THE LISTHAH MAKING RETURN TO STATE WALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEPARTMENT 186 UNGANO                                                                                    |                      | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 194                                        | · Water to Terry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                      | CEIVED BY REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| •                                          | POMENENTIAL MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ON THE MECHANISM RELOW WELL NOT APPEAR ON CERTI                                                          | 196. Jul             | y 15, 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                            | to a service of the s |                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

I hereby certify that this a true and exact copy of the document officially registered and placed on file in the issuing office.

02064648

Issuing Office\_

CITY OF EAST PROV

Date of

JUN 1 6 2003

Signature of Registrar\_

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## PROVIDENCE PLANTATIONS



No. 33465

| IN PERMANENT<br>BLACK INK                                                                                          | LOCAL FILE NUMBER                                                                                                     | RHODE ISLAND DEPART<br>CERTIFICATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MENT OF HEALTH<br>LIVE BIRTH                                                  |                                                          |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|
| Ot III D                                                                                                           | DJOROMA CHILD MIDDLE NAME  GRAHAM  SEX THIS BIRTH SMALE THE                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHILD - LAST MAME  RODRIGUES                                                  |                                                          |
| CHILD                                                                                                              | MALE  2A MALE  COUNTY OF BIRTH  PROVIDENCE                                                                            | SINGLE TWIN, STAND SANGLE, BORN 1st., 2nd., ETC. 20. CITY, TOWN, OR LOCATION OF BIRTH PROVIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE OF BIRTH (Months day, year)  MAR 4, 2003  HOSPITAL - NAME (If not in hos | HOUR OF BIRTH 2E. 7:11 PM plial, give street and number: |
| CERTIFIER                                                                                                          | I CERTIFY THAT THE ABOVE NAMED CH<br>TIME AND ON THE DATE STATES ABOVE<br>4A. Signature (TV) (NY)<br>CERTIFIER - NAME | LO WAS BORN ALIVE AT THE PLACE AND  WAS SORN ALIVE AT THE PLACE AND  (Type or pirit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE SIGNED (Month, day, year) 48.                                            | HOSPITAL OF RI                                           |
| I.I. hvir rispetime conti-<br>or's PMMTED OR<br>YPEU feisses to appear<br>in birth record, as well<br>a signesium. | MAILING ADDRESS (Street or R.F.D. No.                                                                                 | RSAND-RAVAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | 140.                                                     |
| EGISTRAR                                                                                                           | 7A.                                                                                                                   | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | CEIVED BY REPISTRUR (No., AND W.L.                       |
|                                                                                                                    | MOTHER - FIRST NAME GLORIA MOTHER - DATE OF BIRTH (Month, day, ye                                                     | MOTHER - MIDDLE DOME SE VENN  MOTHER - AGE (II DOB (8A) unknown)   MOTHER - AGE (II D | MOTHER - MADEN NAME  GRAHAM                                                   | MAR 1 4 2003                                             |
| MOTHER                                                                                                             | <sub>st</sub> 8/10/1967                                                                                               | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ER - BIRTH PLACE (State or foreign country) RHODE ISLAND                      |                                                          |
| MOTHER                                                                                                             | MAILING ADDRESS OF RESIDENCE (Since                                                                                   | FOR RED Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                          |
| MOTHER                                                                                                             | MALING ADDRESS OF RESIDENCE (Street 10A 130 PILLMORB RESIDENCE ADDRESS (If different from mail                        | STREET, APT A PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                          |
| MOTHER                                                                                                             | RESIDENCE ADDRESS (It different from mai                                                                              | STREET, APT. A, PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                          |

I hereby certify that this a frue and exact copy of the document officially registered and placed on file in the issuing office.

02034692 Office

Issuing City Registrar Providence

Date of Issuance \_ MAY 12 2003

Signature of Registrar

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HAD BROWN HEALTH CENTER 285A Chad Brown Street Providence, RI 02908 Tel (401) 274-6339 Fax (401) 453-6290

June 25, 2003

Re:

Jose Rodrigues

**DOB 10-23-59** 

To Whom It May Concern:

Jose Rodrigues is the husband of Gloria Graham-Rodrigues, a patient of mine at Chad Brown Health Center. I have known and cared for her and her children as their family doctor for over nine years, including treatment for episodes of depression.

Her mood stabilized significantly at the time of her marriage, which represented a stable emotional period for her. Ms. Graham-Rodrigues and her husband recently had a baby in March of this year, and the mid to latter part of the pregnancy was complicated by recurrence of her depressive symptoms, likely secondary to the hormonal changes of pregnancy. Her husband's presence and support were critical in terms of her ability to cope with and manage the symptoms of depression and pregnancy. She carried to term, they have a healthy baby boy, and her mood has once again stabilized.

In my medical opinion, having known and cared for Ms. Graham-Rodrigues for nine years, her marriage to Mr. Rodrigues has been a healthy and stabilizing factor in her life and for her mental health. Although I do not know her husband, my knowledge of her as an individual and as a patient have shown me that this relationship consists of mutual respect, support, affection and humor, key ingredients usually found in a good marriage.

Were Mr. Rodrigues to be deported, the effects of his absence would potentially have disastrous consequences to her health, as well as have a negative impact on her children and their new baby, who have together formed a new family.

For medical and family reasons I respectfully request that you give your strongest consideration to allowing this couple and this family to remain together.

Sincerely,

Ellen L. Lee, MD Medical Director

Rhode Island License #7436



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

### FAMILY COURT FINAL JUDGMENT

| COUNTY                          | CIVIL ACTION - FILE NO. |
|---------------------------------|-------------------------|
| Providence                      | P00-2383                |
| PLAINTIFF Dina Fortes Rodrigues | VS. Jose Rodrigues      |
| Dina locces man 1800s           |                         |

ANSWERED XXXUNANSWERED

This action came on for trial before the Court, Justice Bedrosian

presiding, and the issues having been tried

and a decision having been duly rendered in favor of Plaintiff/Dynamical on the 14 day of December XX 2000

NOW THEREFORE, three months having elapsed and no reason appearing why a final judgment should not be entered, it is ordered, adjudged and decread that the Plaintiff's Complaint and Defendant's Counterclaim is are hereby granted and that the bond of matrimony now existing between the parties be, and the same is, hereby dissolved upon the grounds (s) of

- 1. Plaintiff is granted an absolutedivorce on the grounds of irreconcilable differences which have caused the irremediable breakdown of the marriage.
- The plaintiff shall have 100% of all right, title and interest in and to the residence located at 857 Roger Williams Avenue, East Providence, RI. Defendant is denied any equitable distribution at any time now or in the future.
- The plaintiff is to have 100% right, title and interest in and to the 401K plan.
   Defendant is denied equitable distribution at any time now or in the future.
- Plaintiff is awarded all household furnishings and personal property in her possession.
- Plaintiff and defendant are bothresponsible for debts in their own names and shall hold each other harmless in relation thereto.
- 6. Plaintiff is allowed to waive alimony and the defendant is denied alimony.
- 7. Plaintiff is allowed to resume her maiden name of Fortes.